

# APPLICATION FOR LICENSE AS AN ASSISTED LIVING ADMINISTRATOR

Please print clearly or type all answers. If there is not sufficient space, use additional sheets and number accordingly.

An application will expire 90 days from the date approved. After the expiration date, the applicant will be required to resubmit a new application and will be responsible for all applicable fees.

**Your completed application and required documents must be postmarked at least 30 days prior to the Section A testing for which you register.**

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

I hereby make application for a License as an Assisted Living Administrator in the State of Alabama. Following completion and acceptance of my application, I request to sit for the following assisted living licensure examination:

**(Choose One):** ☐ **Category I Administrator** \$100.00 App Fee (to administer Assisted Living Facilities)  
☐ **Category II Administrator** \$125.00 App Fee (to administer Assisted Living Facilities, Specialty Care Assisted Living Facilities, or a combination)

1. Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

2. Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

3. Business Address \_\_\_\_\_  
(Street) (City) (State)  
(Zip)

4. Telephone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_

5. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

6. Are you a citizen of the United States? ☐ YES ☐ NO  
If NO, please provide appropriate documentation from the federal government.

7. Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

8. Education: (a) Please circle the highest grade completed: 6 7 8 9 10 11 12

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

(b) Did you graduate? ☐ YES Date of Graduation: \_\_\_\_\_

☐ NO Date of GED receipt: \_\_\_\_\_

(c) Name of College or University: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State)

(d) Did you graduate? ☐ YES ☐ NO Date of Graduation: \_\_\_\_\_

Degree: \_\_\_\_\_

(e) Other educational training: Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_

Certificate Received?: ☐ YES ☐ NO

Subjects: \_\_\_\_\_

\_\_\_\_\_

9. Employment history for the past 10 years, include military experience, if any. **Please list your current or most recent work experience first.**

**Employer's Name:**

\_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Employed from \_\_\_\_\_ TO \_\_\_\_\_

Job Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employer's Name:**

\_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Employed from \_\_\_\_\_ TO \_\_\_\_\_

Job Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employer's Name:**

\_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Employed from \_\_\_\_\_ TO \_\_\_\_\_

Job Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employer's Name:**

\_\_\_\_\_

Address:

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Employed from \_\_\_\_\_ TO \_\_\_\_\_

Job Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

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**Employer's Name:**

Address:

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Employed from \_\_\_\_\_ TO \_\_\_\_\_

Job Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

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**10. Membership in Professional Societies and/or Organizations:**

<u>Name</u>	<u>Date of Membership</u>	<u>Offices Held</u>	<u>Active or Inactive</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**11. Professional Certificates and/or Licenses held: (Include such items as fellowships in American College of Hospital Administrators and American College of Health Care Administrators, Nursing Home Administrator, RN, LPN, CPA, etc. Do not include academic degrees. Give complete information for each certificate or license you hold or have ever held.)**

<u>Type of Certificate Or License</u>	<u>Name of State or Other Authority</u>	<u>Year of Original Issue</u>	<u>Year of Latest Issue</u>	<u>Current or Latest Registration Number</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. (a) Have you **EVER** been convicted of a felony? ☐ YES ☐ NO

Ala. Admin. Code r. 135-X-5-.03(3). An applicant for examination who has been convicted of a felony by any court in this state, or by any court of the United States, shall not be admitted to or be permitted to take the examination provided for herein unless he/she shall first *submit to and file with the Board*, a certificate of good conduct granted by the Board of Parole or, in the case of a conviction in any jurisdiction wherein the laws do not provide for the issuance of a certificate of good conduct, an equivalent written statement or document.

- (b) Have you **EVER** been convicted of a misdemeanor? ☐ YES ☐ NO

Ala. Admin. Code r. 135-X-5-.03(4). An applicant for examination who has been convicted of a misdemeanor, except a petty traffic offense, shall not be admitted to or be permitted to take the examination provided for herein unless he/she shall first submit to, and file with the Board a certificate or letter of good conduct from the proper parole, probation, court, or police authorities wherein such conviction was had, or submit an equivalent written statement or document. For the purpose of this paragraph, a petty traffic offense shall be any and every misdemeanor relating to the operation of motor vehicles except: Driving while under the influence of intoxicating liquors, narcotics, stimulating or hallucinating drugs; leaving the scene of an accident; and manslaughter resulting from the operation of a motor vehicle.

13. If you are currently employed in an assisted living facility, is it an ALF or SCALF or Both? \_\_\_\_\_  
If applicable, attach a copy of the current license issued to the facility you are now affiliated with.

14. Have you applied for licensure by examination as an assisted living administrator in any state or states? ☐ YES ☐ NO State(s): \_\_\_\_\_

15. Have you **EVER** had a certificate or other professional license revoked, suspended or ANY type of disciplinary action taken? ☐ YES ☐ NO  
If YES, attach an explanation, relevant documents and a description of the current status.

16. Are you currently registered as an assisted living administrator in any other state? ☐ YES ☐ NO  
If YES, please have the applicable State Licensure Board complete the enclosed Reciprocity Questionnaire. A questionnaire must be filled out for each state in which you hold or have held an assisted living administrator's license.

17. Applicant must furnish references from two (2) individuals employed in the health care or patient care industry who is able to verify the good moral character of the applicant, who are not related to the applicant by blood or marriage, have known the applicant for at least 12 months and are in a position to provide information in regard to the applicant's good moral character. **Two form letters which are to be used by these individuals are enclosed with this application and should be mailed by the individuals directly to the Board of Examiners.** Please list below the names and addresses of whom the two references will be from:

a. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

b. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**EMPLOYMENT VERIFICATION**

I \_\_\_\_\_ authorize the Board of Examiners of Assisted Living  
(print name)

Administrators to verify my current and past employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AFFIDAVIT OF APPLICANT**

\_\_\_\_\_, on oath, do promise and swear that, if my application is  
*Printed Name of Applicant*

accepted, and I should be granted a license to practice as an Assisted Living Administrator in the State of Alabama, I will obey the laws of the State, the Rules and applications of the Alabama Board of Examiners of Assisted Living Administrators, and maintain the honor and dignity of the profession.

It is understood and agreed that if I fail to keep the above agreement or if I have made any false statements in this application, my license may be suspended or revoked by the Board at any time.

I further state that all the statements made by me in this application are true and correct.

\_\_\_\_\_  
*Signature of Applicant*

Sworn to and subscribed before me this \_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public*

My commission expires \_\_\_\_\_.

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

## AFFIDAVIT OF APPLICANT

\_\_\_\_\_, on oath, do promise and swear that,  
*Printed Name of Applicant*

In accordance with the Alabama Immigration Law ALL new applicants and ALL renewal applications received on or after October 1, 2011 must provide, with their online or mail-in application, a notarized affidavit with a notarized copy of one (1) of the documents stated in HB56, Section 29(k) or HB56, Section 3(10).

ALL applicants or renewal applicants who cannot provide the documentation as provided in HB56, Section 29(k) or HB56, Section 3(10) shall be denied a license. All applicants or renewal applicants who provide documentation of alien status, pursuant to HB 56, Section 3(10), shall be verified through the S.A.V.E. program or the Department of Homeland Security pursuant to 8 U.S.C. §1373. Any applicant not lawfully in the United States shall be denied a license.

It is understood that if I have provided any false documents or, documents not originally issued to me, that my license may be suspended or revoked by the Board at any time.

I hereby state that all the documents provided by me are true and correct copies of documents issued to me by a governmental agency or tribal authority.

I further state that I have been provided a list of the documents that are acceptable to verify my identity and that verify my ability to work and/or reside in the United States. Of the list of documents provided, I have attached a notarized copy of my \_\_\_\_\_.  
*Name of Acceptable Document*

\_\_\_\_\_  
*Signature of Applicant*

### **ATTESTATION**

I, \_\_\_\_\_, a notary in the State of \_\_\_\_\_  
(printed name of notary)

hereby attest to the fact the above named individual signed the above affidavit in my presence on  
this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public*

My commission expires: \_\_\_\_\_.

## ACCEPTABLE DOCUMENTS

### *HB56, Section 29(k):*

- 1) Driver's license or nondriver's identification card
- 2) Birth certificate
- 3) Pertinent Pages of a United States valid or expired passport (must show passport number)
- 4) United States naturalization documents or the number of the certificate of naturalization
- 5) Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto;
- 6) Bureau of Indian Affairs card number, tribal treaty card number or tribal enrollment number
- 7) Consular report of birth abroad of a citizen of the United States of America
- 8) Certificate of citizenship issued by the United States Citizenship and Immigration Services
- 9) Certification of report of birth issued by the United States Department of State
- 10) American Indian Card, with KIC Classification issued by the US Department of Homeland Security
- 11) Final adoption decree showing the applicant's name and United States birthplace
- 12) Official United States Military record of service showing the applicant's place of birth in the United States
- 13) Extract from a United States hospital record of birth created at the time of the applicant's birth indicating the applicant's place of birth in the United States

### *HB56, Section 3(10):*

- 1) Valid, unexpired driver's license
- 2) Valid, unexpired nondriver identification card
- 3) Valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.
- 4) Valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, if issue by an entity that requires proof of lawful presence in the United States before issuance.
- 5) Foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating the bearer's admission to the United States.
- 6) Foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by the United States Department of Homeland Security indicating the bearer's admission to the United States.



## CHECKLIST OF REQUIRED ITEMS TO BE SUBMITTED TO THE BOARD OF EXAMINERS

I have enclosed or submitted for completion:

- |  |  |
|--|--|
| <input type="checkbox"/> Completed, signed, and notarized application  | <input type="checkbox"/> Endorsement from Employer form ( <b>if applicable</b> )                               |
| <input type="checkbox"/> Copy of driver's license or other proof of age  | <input type="checkbox"/> Reciprocity Questionnaire ( <b>if applicable</b> )                                    |
| <input type="checkbox"/> Copy of high school diploma, GED, or college transcript   | <input type="checkbox"/> Proof of application of U.S. citizenship or letter of intent ( <b>if applicable</b> ) |
| <input type="checkbox"/> Two character reference form letters ( <i>These must be mailed directly from the persons completing the letters to the Board of Examiners. Application will not be complete until both letters are received</i> )                   | <input type="checkbox"/> Commitment to Fulfill Experience Requirement form ( <b>if applicable</b> )            |
| <input type="checkbox"/> Proof of required work experience or Board approved internship program.   | <input type="checkbox"/> Accommodation Request Form ( <b>if applicable</b> )                                   |
| <input type="checkbox"/> Classroom Training and Test Dates form with registration dates for Sections A and B of exam and training checked. (Obtain form from <a href="http://boeala.alabama.gov/training.aspx">http://boeala.alabama.gov/training.aspx</a> ) | <input type="checkbox"/> Copy of facility's State license  |
| <input type="checkbox"/> <b><u>Nonrefundable</u></b> application fee (Cat. I - \$100) (Cat. II - \$125)  |  |
| <input type="checkbox"/> Background Check Release Form   |  |
| <input type="checkbox"/> Alabama Immigration Law Affidavit Form  |  |

ALL forms can be found on <http://boeala.alabama.gov/forms.aspx>

**Your application will not be considered complete until the application and all required documentation is received.**

**It is your responsibility to check the status of your application if you have not heard back from us within 12 days of receipt of the application.**

**Mail application and other required documents to:**

**Alabama Board of Examiners of Assisted Living Administrators  
Attn: Executive Director  
2740 Zelda Road, Suite 3B  
Montgomery, AL 36106**



**State of Alabama Board of Examiners of  
Assisted Living Administrators**  
2740 Zelda Road, Suite 3B  
Montgomery, Alabama 36106  
[www.boeala.alabama.gov](http://www.boeala.alabama.gov)

Candace Singleton  
Executive Director  
[Candace.Singleton@boeala.alabama.gov](mailto:Candace.Singleton@boeala.alabama.gov)

Telephone: (334) 271-2418  
Fax: (334) 271-2420

**Credit Card Authorization Form**

Name of Applicant / Licensee: \_\_\_\_\_ Amount to Charge  
\$ \_\_\_\_\_

Please Charge my Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ AMEX \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Billing Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please check the item you wish to charge:

_____ Initial Application Cat. I	\$100.00
_____ Initial Application Cat. II	\$125.00
_____ Examination	\$150.00 (Section A) \$150.00 (Section B)
_____ Classroom Training*	\$450.00*
_____ Initial License Fee	\$125.00
_____ License Renewal	\$150.00
_____ Reciprocity Questionnaire	\$100.00
_____ Late Renewal Penalty	\$275.00
_____ Inactive Reactivation Fee	\$325.00
_____ Bad Check Fee	\$30.00
_____ Emergency Permit	\$350.00
_____ Administrative Fee	\$100.00
_____ Administrative Fines	\$5,000.00
_____ Copies (per page)	\$.75 (per page 1-25) \$.25 (per page 26+)

**\*\*There will a 3.5% Convenience Fee added to your transaction effective 8/1/18, the current fee is 4%\*\***

**\*\*EFFECTIVE AUGUST 1, 2018 - ALL FEES MUST BE PAID ONLINE\*\***